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PTO/SB/05 (4/98)  
Approved for use through 09/30/2000. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new non-provisional applications under 37 C.F.R. § 1.53(B))

Attorney Docket No. U11.12-0158  
First Inventor or Application Identifier Max Donath et al.  
Title MOBILITY ASSIST DEVICE  
Express Mail Label No. EV 049904806 US

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

Address To:

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

1. ☒ \*Fee Transmittal Form e.g., PTO/SB17)  
(Submit an original and a duplicate for fee processing)
2. ☒ Applicant Claims small entity status
3. ☒ Specification [Total Sheets **64**]  
(preferred arrangement set forth below)  
- Descriptive title of the Invention)  
- Cross References to Related Applications  
- Statement Regarding Fed sponsored R & D  
- Reference to Microfiche Appendix  
- Background of the Invention  
- Brief Summary of the Invention  
- Brief Description of the Drawings (if filed)  
- Detailed Description  
- Claim(s)  
- Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. § 113) [Total Sheets **18**]
5. Oath or Declaration [Total Sheets **4**]  
a. ☐ Newly executed (original or copy)  
b. ☒ Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 18 completed)  
i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting  
inventor(s) named in the prior application,  
see 37 C.F.R. §§1.63(d)(2) and 1.33(b).
6. ☒ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or  
Computer program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission  
(If applicable, all necessary)
- a. ☐ Computer Readable Copy  
b. Specification Sequence Listing on:  
i. ☐ CD-ROM or CD-R (2 Copies); or  
ii. ☐ Paper  
c. ☐ Statement verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. § 3.73(b) Statement ☒ Power of  
(when there is an assignee) Attorney
11. ☐ English Translation Document (if applicable)
12. ☒ Information Disclosure ☐ Copies of IDS  
Statement (IDS)/PTO – 1449 Citations
13. ☒ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☐ Nonpublication Request Under 35 USC 122  
(b)(2)(B)(i). Applicant must attach form PTO/SB/35  
or its equivalent
17. ☐ Other: .....

18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an  
Application Data Sheet under 37 CFR 1.76:

☒ Continuation ☐ Divisional ☐ Continuation –in part (CIP)

of prior application No: 09/618,613

Prior application information:

Examiner Leonid Shapiro

Group/Art Unit: 2673

**FOR CONTINUATION or DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied  
under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by  
reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.


## 17. CORRESPONDENCE

☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

|         |                                   |           |                |          |                |
|---------|-----------------------------------|-----------|----------------|----------|----------------|
| Name    | Brian D. Kaul                     |           |                |          |                |
|         | WESTMAN CHAMPLIN & KELLY          |           |                |          |                |
| Address | Suite 1600 – International Centre |           |                |          |                |
|         | 900 South Second Avenue           |           |                |          |                |
| City    | Minneapolis                       | State     | MN             | Zip Code | 55402-3319     |
| Country | USA                               | Telephone | (612) 334-3222 | Fax      | (612) 334-3312 |

|                   |   |                                   |         |
|-------------------|---|-----------------------------------|---------|
| Name (Print/type) | Brian D. Kaul   | Registration No. (Attorney/Agent) | 41,885  |
| Signature         |  | Date                              | 7/25/03 |

The PTO did not receive the following  
listed Items(s) page 4 of drawings

| <b>FEE TRANSMITTAL</b>   | <i>Complete if Known</i> |  |               |  |  |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
|--|--------------------------|--|---------------|--|--|----------------|----------|--------------|-----------|-----------|----------|----------|-----------------|---------------|----------|-----------------|----------|-----------|----------|--------------|---|------|------|------|-------------------------------------|--|------|-----|-------------|------|--|------|------|------|------|---|----------------------------|---|------------------------|-------|------|-------|--|-----------------------------------|------|-----|------|-----|--|------|------|------|------|---|---|----|------|-----|---|-----|--|--|------|-------|------|-----|---|--|------|-------|------|-----|--|--|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|-----|------|----|-------------------------|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|---|--|------|-----|------|-----|--|--|------|----|------|----|--|--|---------------------------|--|--|--|--|--|
|  | Application No.          |  |               |  |  |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
|  | Filing Date              |  |               |  |  |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
|  | First Named Inventor     | Max Donath et al.  |               |  |  |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
|  | Title                    | MOBILITY ASSIST DEVICE   |               |  |  |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
|  | Group Art Unit           |  |               |  |  |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| Examiner Name  |                          |  |               |  |  |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| Total Amount of Payment    \$ 375  |                          | Atty. Docket Number    U11.12-0158   |               |  |  |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| <b>METHOD OF PAYMENT (Check One)</b>   |                          | <b>FEE CALCULATION (Continued)</b>   |               |  |  |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fee required under 37 C.F.R. § 1.16 and 1.17, including any petition fee, and credit any over payments to Deposit Account No. <u>23-1123</u> . Westman, Champlin & Kelly, P.A.<br><br>2. <input checked="" type="checkbox"/> Check Enclosed  |                          | <b>3. ADDITIONAL FEES</b><br><br><table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Small Entity</th> <th></th> <th></th> <th></th> <th></th> </tr> <tr> <th>Fee</th> <th>Fee</th> <th>Fee</th> <th>Fee</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> <tr> <th>Code</th> <th>(\$)</th> <th>Code</th> <th>(\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge - Late filing fee or oath</td> <td></td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge - Late provisional Filing Fee or cover sheet</td> <td></td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td>For Filing a Request for Reexamination. (ex parte)</td> <td></td> </tr> <tr> <td>1251</td> <td>110</td> <td>2251</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>1252</td> <td>410</td> <td>2252</td> <td>205</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>1253</td> <td>930</td> <td>2253</td> <td>465</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1254</td> <td>1,450</td> <td>2254</td> <td>725</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1255</td> <td>1,970</td> <td>2255</td> <td>985</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>1402</td> <td>320</td> <td>2402</td> <td>160</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403</td> <td>280</td> <td>2403</td> <td>140</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>1814</td> <td>110</td> <td>2814</td> <td>55</td> <td>Terminal Disclaimer Fee</td> <td></td> </tr> <tr> <td>1452</td> <td>110</td> <td>2452</td> <td>55</td> <td>Petition to Revive - unavoidable</td> <td></td> </tr> <tr> <td>1453</td> <td>1,300</td> <td>2453</td> <td>650</td> <td>Petition to Revive - unintentional</td> <td></td> </tr> <tr> <td>1501</td> <td>1,300</td> <td>2501</td> <td>650</td> <td>Utility/Reissue issue fee (inc. advance copies)</td> <td></td> </tr> <tr> <td>1502</td> <td>470</td> <td>2502</td> <td>235</td> <td>Design issue fee (inc. advance copies)</td> <td></td> </tr> <tr> <td>1460</td> <td>130</td> <td>1460</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>1807</td> <td>50</td> <td>1807</td> <td>50</td> <td>Petitions related to provisional applications</td> <td></td> </tr> <tr> <td>1806</td> <td>180</td> <td>1806</td> <td>180</td> <td>Submission of Information Disclosure Statement</td> <td></td> </tr> <tr> <td>8021</td> <td>40</td> <td>8021</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td></td> </tr> <tr> <td colspan="6">Other Fee (specify) _____</td> </tr> </tbody> </table> | Large Entity  | Small Entity   |  |                |          |              | Fee       | Fee       | Fee      | Fee      | Fee Description | Fee Paid      | Code     | (\$)            | Code     | (\$)      |          |              | 1051  | 130  | 2051 | 65   | Surcharge - Late filing fee or oath |  | 1052 | 50  | 2052        | 25   | Surcharge - Late provisional Filing Fee or cover sheet |      | 1053 | 130  | 1053 | 130                                       | Non-English specification  |   | 1812                   | 2,520 | 1812 | 2,520 | For Filing a Request for Reexamination. (ex parte) |                                   | 1251 | 110 | 2251 | 55  | Extension for reply within first month |      | 1252 | 410  | 2252 | 205   | Extension for reply within second month |    | 1253 | 930 | 2253  | 465 | Extension for reply within third month |  | 1254 | 1,450 | 2254 | 725 | Extension for reply within fourth month |  | 1255 | 1,970 | 2255 | 985 | Extension for reply within fifth month |  | 1402 | 320 | 2402 | 160 | Filing a brief in support of an appeal |  | 1403 | 280 | 2403 | 140 | Request for oral hearing |  | 1814 | 110 | 2814 | 55 | Terminal Disclaimer Fee |  | 1452 | 110 | 2452 | 55 | Petition to Revive - unavoidable |  | 1453 | 1,300 | 2453 | 650 | Petition to Revive - unintentional |  | 1501 | 1,300 | 2501 | 650 | Utility/Reissue issue fee (inc. advance copies) |  | 1502 | 470 | 2502 | 235 | Design issue fee (inc. advance copies) |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Petitions related to provisional applications |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Statement |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | Other Fee (specify) _____ |  |  |  |  |  |
| Large Entity   | Small Entity             |  |               |  |  |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| Fee  | Fee                      |  | Fee           | Fee  | Fee Description  | Fee Paid       |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| Code   | (\$)                     |  | Code          | (\$)   |  |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1051   | 130                      |  | 2051          | 65   | Surcharge - Late filing fee or oath                    |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1052   | 50                       |  | 2052          | 25   | Surcharge - Late provisional Filing Fee or cover sheet |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1053   | 130                      |  | 1053          | 130  | Non-English specification                              |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1812   | 2,520                    |  | 1812          | 2,520  | For Filing a Request for Reexamination. (ex parte)     |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1251   | 110                      |  | 2251          | 55   | Extension for reply within first month                 |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1252   | 410                      |  | 2252          | 205  | Extension for reply within second month                |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1253   | 930                      | 2253   | 465           | Extension for reply within third month                                     |  |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1254   | 1,450                    | 2254   | 725           | Extension for reply within fourth month                                    |  |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1255   | 1,970                    | 2255   | 985           | Extension for reply within fifth month                                     |  |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1402   | 320                      | 2402   | 160           | Filing a brief in support of an appeal                                     |  |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1403   | 280                      | 2403   | 140           | Request for oral hearing   |  |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1814   | 110                      | 2814   | 55            | Terminal Disclaimer Fee  |  |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1452   | 110                      | 2452   | 55            | Petition to Revive - unavoidable   |  |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1453   | 1,300                    | 2453   | 650           | Petition to Revive - unintentional   |  |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1501   | 1,300                    | 2501   | 650           | Utility/Reissue issue fee (inc. advance copies)                            |  |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1502   | 470                      | 2502   | 235           | Design issue fee (inc. advance copies)                                     |  |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1460   | 130                      | 1460   | 130           | Petitions to the Commissioner  |  |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1807   | 50                       | 1807   | 50            | Petitions related to provisional applications                              |  |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1806   | 180                      | 1806   | 180           | Submission of Information Disclosure Statement                             |  |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 8021   | 40                       | 8021   | 40            | Recording each patent assignment per property (times number of properties) |  |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| Other Fee (specify) _____  |                          |  |               |  |  |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| <b>FEE CALCULATION</b>   |                          |  |               |  |  |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| <b>1. BASIC FILING FEE</b>   |                          |  |               |  |  |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Small Entity</th> <th></th> <th></th> <th></th> </tr> <tr> <th>Fee</th> <th>Fee</th> <th>Fee</th> <th>Fee</th> <th></th> </tr> <tr> <th>Code</th> <th>(\$)</th> <th>Code</th> <th>(\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>750</td> <td>2001</td> <td>375</td> <td><input type="checkbox"/> Utility Filing Fee</td> </tr> <tr> <td>1002</td> <td>330</td> <td>2002</td> <td>165</td> <td><input type="checkbox"/> Design Filing Fee</td> </tr> <tr> <td>1004</td> <td>750</td> <td>2004</td> <td>375</td> <td><input checked="" type="checkbox"/> Reissue Filing Fee</td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td><input type="checkbox"/> Prov. Filing Fee</td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>Subtotal (1) \$ 375</b></td> </tr> </tbody> </table>   |                          | Large Entity   | Small Entity  |  |  |                | Fee      | Fee          | Fee       | Fee       |          | Code     | (\$)            | Code          | (\$)     | Fee Description | 1001     | 750       | 2001     | 375          | <input type="checkbox"/> Utility Filing Fee | 1002 | 330  | 2002 | 165                                 | <input type="checkbox"/> Design Filing Fee | 1004 | 750 | 2004        | 375  | <input checked="" type="checkbox"/> Reissue Filing Fee | 1005 | 160  | 2005 | 80   | <input type="checkbox"/> Prov. Filing Fee | <b>Subtotal (1) \$ 375</b> |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| Large Entity   | Small Entity             |  |               |  |  |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| Fee  | Fee                      | Fee  | Fee           |  |  |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| Code   | (\$)                     | Code   | (\$)          | Fee Description  |  |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1001   | 750                      | 2001   | 375           | <input type="checkbox"/> Utility Filing Fee                                |  |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1002   | 330                      | 2002   | 165           | <input type="checkbox"/> Design Filing Fee                                 |  |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1004   | 750                      | 2004   | 375           | <input checked="" type="checkbox"/> Reissue Filing Fee                     |  |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1005   | 160                      | 2005   | 80            | <input type="checkbox"/> Prov. Filing Fee                                  |  |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| <b>Subtotal (1) \$ 375</b>   |                          |  |               |  |  |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| <b>2. EXTRA CLAIM FEES</b>   |                          |  |               |  |  |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Number Claims</th> <th>Prior**</th> <th>Extra</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td><b>Total</b></td> <td><b>25</b></td> <td><b>47</b></td> <td><b>0</b></td> <td><b>9</b></td> <td><b>0</b></td> </tr> <tr> <td><b>Indep.</b></td> <td><b>4</b></td> <td><b>5</b></td> <td><b>0</b></td> <td><b>42</b></td> <td><b>0</b></td> </tr> </tbody> </table> <p>Multiple Dependent Claims</p> <p>** Insert 3 and 20, or number previously paid if greater; Reissue see below</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Small Entity</th> <th></th> <th></th> <th></th> </tr> <tr> <th>Fee</th> <th>Fee</th> <th>Fee</th> <th>Fee</th> <th>Description</th> </tr> <tr> <th>Code</th> <th>(\$)</th> <th>Code</th> <th>(\$)</th> <th></th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>84</td> <td>2201</td> <td>42</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>280</td> <td>2203</td> <td>140</td> <td>Multiple Dependent Claims</td> </tr> <tr> <td>1204</td> <td>84</td> <td>2204</td> <td>42</td> <td>Reissue Independent Claims over Original Patent</td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table> |                          |  | Number Claims | Prior**  | Extra  | Fee from Below | Fee Paid | <b>Total</b> | <b>25</b> | <b>47</b> | <b>0</b> | <b>9</b> | <b>0</b>        | <b>Indep.</b> | <b>4</b> | <b>5</b>        | <b>0</b> | <b>42</b> | <b>0</b> | Large Entity | Small Entity                                |      |      |      | Fee                                 | Fee  | Fee  | Fee | Description | Code | (\$)   | Code | (\$) |      | 1202 | 18  | 2202                       | 9 | Claims in excess of 20 | 1201  | 84   | 2201  | 42   | Independent claims in excess of 3 | 1203 | 280 | 2203 | 140 | Multiple Dependent Claims              | 1204 | 84   | 2204 | 42   | Reissue Independent Claims over Original Patent | 1205                                    | 18 | 2205 | 9   | Reissue claims in excess of 20 and over original patent |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
|  | Number Claims            | Prior**  | Extra         | Fee from Below   | Fee Paid   |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| <b>Total</b>   | <b>25</b>                | <b>47</b>  | <b>0</b>      | <b>9</b>   | <b>0</b>   |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| <b>Indep.</b>  | <b>4</b>                 | <b>5</b>   | <b>0</b>      | <b>42</b>  | <b>0</b>   |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| Large Entity   | Small Entity             |  |               |  |  |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| Fee  | Fee                      | Fee  | Fee           | Description  |  |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| Code   | (\$)                     | Code   | (\$)          |  |  |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1202   | 18                       | 2202   | 9             | Claims in excess of 20   |  |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1201   | 84                       | 2201   | 42            | Independent claims in excess of 3  |  |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1203   | 280                      | 2203   | 140           | Multiple Dependent Claims  |  |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1204   | 84                       | 2204   | 42            | Reissue Independent Claims over Original Patent                            |  |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| 1205   | 18                       | 2205   | 9             | Reissue claims in excess of 20 and over original patent                    |  |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |
| <b>Subtotal (2) \$ 0</b>   |                          | <b>Subtotal (3) \$</b>   |               |  |  |                |          |              |           |           |          |          |                 |               |          |                 |          |           |          |              |   |      |      |      |                                     |  |      |     |             |      |  |      |      |      |      |   |                            |   |                        |       |      |       |  |                                   |      |     |      |     |  |      |      |      |      |   |   |    |      |     |   |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |     |      |    |                         |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |  |                           |  |  |  |  |  |

 Signature 

(Brian D. Kaul)

 Reg. No. 41,885

 Date 7/25/2003

 Deposit Account No. 23-1123